

**TOWN OF ABINGTON
APPLICATION FOR LUNCH CARTS ON A PUBLIC WAY
LICENSE**

FEES:

- Inspection of premises fee by Health Department: \$100.00 payable to the Town of Abington -- (due upon filing application)
- License fee: \$50.00 payable to the Town of Abington (due upon receipt of license)

Applicant Name: _____

Applicant Phone number _____

Applicant Email address _____

Current owner (if applicable) _____

Current business name (if applicable) _____

Applicant's business name _____

Address for which you are applying _____

Description of items on cart: _____

Proposed Hours of Operation: Monday – Friday _____ Saturday _____
Sunday _____

If Corporation, State F.I.D. Number _____

If Partnership, list name and address of all partners _____

() I am a sole proprietor and have no one working for me in any capacity.

() I am an employer providing workers' compensation coverage for my employees.

I certify that the forgoing information in this application is accurate and complete to the best of my knowledge

Signed: _____ Date: _____